

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **2**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before February 10, 1997, for calendar year taxpayers and on or before the 10th day of the second month after the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

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1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **1**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before January 10, 1997, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

Oahu District Office
P.O. Box 1530
Honolulu, HI 96806-1530
(830 Punchbowl Street)

Maui District Office
P.O. Box 913
Wailuku, HI 96793-0913
(54 High Street)

Hawaii District Office
P.O. Box 1377
Hilo, HI 96721-1377
(75 Aupuni Street)

Kauai District Office
P.O. Box 1688
Lihue, HI 96766-5688
(3060 Eiwa Street)

How to Use the Payment Voucher

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Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

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1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **4**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before April 10, 1997, for calendar year taxpayers and on or before the 10th day of the fourth month after the close of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS:

Payment due on or before April 20, 1997, for calendar year taxpayers and on or before the 20th day of the fourth month following the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

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1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **3**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before March 10, 1997, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

How to Use the Payment Voucher

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

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P.O. Box 1530
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Kauai District Office
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How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

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GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

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STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **6**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before June 10, 1997, for calendar year taxpayers and on or before the 10th day of the sixth month after the close of the fiscal year for fiscal year taxpayers.

DUE DATES FOR QUARTERLY PAYMENTS:

Payment due on or before June 20, 1997, for calendar year taxpayers and on or before the 20th day of the sixth month following the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997

Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____

Check one: ☐ Franchise Tax ☐ Public Service Company Tax

Payment Number **5**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before May 10, 1997, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

Form FP-1

How to Use the Payment Voucher

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

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STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
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INSTALLMENT PAYMENT VOUCHER**

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1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **8**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐

Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:Payment due on or before August 10, 1997, for calendar year taxpayers and
on or before the 10th day of the eighth month after the close of the fiscal year
for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

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1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **7**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐

Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:Payment due on or before July 10, 1997, for calendar year taxpayers and on
or before the 10th day of the seventh month after the close of the fiscal year
for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

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Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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(830 Punchbowl Street)

Maui District Office
P.O. Box 913
Wailuku, HI 96793-0913
(54 High Street)

Hawaii District Office
P.O. Box 1377
Hilo, HI 96721-1377
(75 Aupuni Street)

Kauai District Office
P.O. Box 1688
Lihue, HI 96766-5688
(3060 Eiwa Street)

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

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STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **10**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.**DUE DATES FOR MONTHLY PAYMENTS:**Payment due on or before October 10, 1997, for calendar year taxpayers and
on or before the 10th day of the tenth month after the close of the fiscal year
for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **9**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐ Check box if address changed and make corrections above.**DUE DATES FOR MONTHLY PAYMENTS:**Payment due on or before September 10, 1997, for calendar year taxpayers
and on or before the 10th day of the ninth month after the close of the fiscal
year for fiscal year taxpayers.**DUE DATES FOR QUARTERLY PAYMENTS:**Payment due on or before September 20, 1997, for calendar year taxpayers
and on or before the 20th day of the ninth month following the close of the
fiscal year for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

How to Use the Payment Voucher

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Act 38, Session Laws of Hawaii 1992, provides for the franchise or public service company tax to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
7. Attach to the voucher a check or money order made payable to the Hawaii State Tax Collector in payment of the tax. Include your federal employer's I. D. (FEIN) number on the check or money order. Do not send cash through the mail.
8. Detach the voucher at the perforation and mail with the required payment to the appropriate address shown below.

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How to Use the Payment Voucher

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If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the public service company tax in four equal installments under section 239-7, HRS, or the franchise tax in four equal installments under section 241-5, HRS.

GENERAL INSTRUCTIONS

1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 1996, or fiscal year commencing on month 1, 1996)
2. Check, in the appropriate box, what type of taxpayer you are.
3. Enter the name, address, federal employer's identification number (FEIN), and the Hawaii general excise/use or withholding identification number.
4. Enter on line 1, your total estimated tax liability for the year.
5. If you have applied an overpayment of tax on your 1996 Hawaii tax return to your tax for 1997, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

DO NOT WRITE OR STAPLE IN THIS SPACE

1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **12**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐

Check box if address changed and make corrections above.

DUE DATES FOR MONTHLY PAYMENTS:Payment due on or before December 10, 1997, for calendar year taxpayers
and on or before the 10th day of the twelfth month after the close of the fiscal
year for fiscal year taxpayers.**DUE DATES FOR QUARTERLY PAYMENTS:**Payment due on or before December 20, 1997, for calendar year taxpayers
and on or before the 20th day of the twelfth month following the close of the
fiscal year for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

STATE OF HAWAII — DEPARTMENT OF TAXATION
**FRANCHISE TAX OR
PUBLIC SERVICE COMPANY TAX
INSTALLMENT PAYMENT VOUCHER**

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1997Based on income for calendar year _____, or
fiscal year commencing _____, 19 _____Check one: ☐ Franchise Tax ☐ Public Service Company TaxPayment Number **11**

PRINT OR TYPE	Federal Employer I.D. No.	Hawaii GE/USE or WH I.D. No.	1. Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment..... ➤	\$
	dba (if any)		3. Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money order.	

☐

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DUE DATES FOR MONTHLY PAYMENTS:Payment due on or before November 10, 1997, for calendar year taxpayers
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year for fiscal year taxpayers.*See Instructions on the reverse side.*

Form FP-1

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